

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 311

63-027689

FILED AUG 13 1963

1. PLACE OF DEATH

a. COUNTY

Colo

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Jefferson City, Missouri**

Length of stay in 1b
3 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **St. Marys Hospital**

Inside Limits
Yes ☒ No ☐

c. CITY
OR
TOWN **Hartsburg**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Hartsburg

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Oscar William Henry Arnsmeier

4. DATE OF DEATH
Month Day Year
August 6 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
April 3, 1903

9. AGE (last birthday)
60

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Carpentry

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Hartsburg, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Julius Arnsmeier

13b. MOTHER'S MAIDEN NAME
Mateldia Boumhofer

14. NAME OF HUSBAND OR WIFE
Cleste Arnsmeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
F. J. Arnsmeier, Hartsburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Lymphosarcoma

INTERVAL BETWEEN
ONSET AND DEATH
3 yrs 3 mos

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION
COUNTY STATE

21. I attended the deceased from **7/8/60** to **8/6/63** and last saw him alive on **8/6/63**
Death occurred at **9:10** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY
Frieden Evangelical

23d. LOCATION (City, town, or county)
Hartsburg, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Burnett Funeral Home, Ashland, Mo.

9 August 1963

Thomas E. Richter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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6961411 AUG

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W^m L. Burnett

Licensed Embalmer No. 2567

P. O. Address Rockland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.